



Department of Corrections  
**ADMINISTRATIVE BULLETIN**

**Subject: HOUSING POLICY  
FOR IDENTIFIED  
IV-INFECTED INMATES**

**Number:**

**91/29**

**Date Issued:**

**September 20, 1991**

**Cancelled Effective:**

**December 19, 1991**

**HOUSING POLICY FOR IDENTIFIED HIV-INFECTED INMATES**

The purpose of this Administrative Bulletin is to announce, effective November 1, 1991, the establishment and implementation of the Department's modified housing policy for identified inmates infected with Human Immunodeficiency Virus (HIV). The goal of this policy is to provide housing for HIV-infected inmates in the least restrictive environment available given individual custodial needs while providing inmates with necessary medical care and appropriate programming opportunities. Additionally, it is meant to mitigate the intramural transmission of the disease while providing quality health care in accordance with the various stages of the disease.

The following sections provide medical and housing definitions along with placement and transfer priority criteria.

**DEFINITION OF HIV DISEASE ACCORDING TO THE CENTERS FOR DISEASE CONTROL**

The universal medical definition from the Centers for Disease Control, Groups I through IV, has replaced the prior reference to the HIV disease of Stages A through D. Group II, III, and IV designations will be used in reporting cases of HIV disease to the Office of Health Care Services (OHCS) and for making disease management decisions. It should be noted that once the reason for placement in a certain group is resolved, the inmate is not reclassified back into the previous group.

**Group I, Acute Infection:** Mononucleosis-like syndrome associated with seroconversion for HIV antibody. Because it is rare to actually identify a person in the group, inmates in Group I are not tracked.

**Group II, Asymptomatic HIV Infection:** Evidence of HIV infection with no other overt symptoms.

**Group III, Persistent Generalized Lymphadenopathy:** Evidence of HIV infection and generalized lymphadenopathy (swollen glands).

**Group IV, Other HIV Disease:** Evidence of HIV infection with other symptoms as defined by the Centers for Disease Control. (See Attachment I).



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## **HOUSING DEFINITIONS AND PLACEMENT CRITERIA**

The following are definitions of the housing options available for the placement of identified HIV-infected inmates. The person's group designation of the HIV disease (II through IV as defined by the Centers for Disease Control.) will be determined by medical staff. In order to appropriately transfer and house HIV-infected inmates, the medical chrono, CDC Form 128C, will state "Chronic Infectious Disease" and indicate which Group (II, III, or IV) applies. Housing can be determined by normal committee action. However, placement of inmates who have exhibited high-risk behavior into a designated general population area instead of a closed unit can only be determined by an Institution Classification Committee (ICC) which will include a Chief Deputy Warden and a medical doctor.

**Designate General Population Housing:** Designated general population units are a combination of the "open" and "general population" housing as defined in the pilot studies. Designated general population housing is specified housing area(s) located within the overall general population housing of an institution which will house regular general population inmates and/or HIV-infected inmates. These units will be located in areas which will logistically facilitate delivery of medical services to the diagnosed, infected population without restricting housing, programming, feeding, or recreating.

These inmates may be programmed, fed, and recreated with the regular general population of inmates. No distinction will be made as to their placement as long as the Department has designated the specified general population housing unit as accessible to these inmates. Inmates may be in Groups II, III, and IV of the HIV disease and have classification scores in Levels I through IV. Additionally, their behavior should show they are not likely to be involved in activities which are a high-risk for transmitting HIV. The custody suffix of an "R," by itself, does not negate placement in this. designated general population housing.

Those in Group II and Group III do not usually require other than routine medical care. Those in Group IV and others requiring other than routine medical care may be considered for designated general population housing only at institutions where hospital care is available for progressive medical care. Currently the California Medical Facility (CMF), California Institution for Women (CIW), and California Institution for Men (CIM) (see exceptions on Attachment II) are available for transfer

Outpatient Psychiatric Program (OPP) inmates who are HIV+ will be housed in the same manner as any inmate who demonstrates acceptable behavior at either CMF, California Men's Colony



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(CMC), or CIW. OPP inmates demonstrating high-risk behavior will be handled appropriately in non-general population housing at CMF or CIW.

Those inmates who are identified as having the HIV disease at institutions which do not have designated general population units will be housed in the infirmary pending transfer to the appropriate facility. It is expected that the inmate will be evaluated by the appropriate classification committee which will base its decision for transfer recommendation on the CDC Form 128C information and in custody case factors. The inmate will be classified within 10 days of infirmary placement (which was based on the discovery of the disease via the verified positive test result), and transferred as soon as possible. The total process should not exceed 30 days.

**Reception Center/Designated General Population Housing:** Every institution with a reception center will establish a designated reception center area to provide medical care for those inmates identified as having the HIV disease. The area(s) will be located within the overall reception center housing area which houses regular reception center inmates and or HIV-infected inmates. These units will be located in areas which will logistically facilitate delivery of medical services population without restricting housing, programming, feeding, or recreating.

These institutions with reception centers will also establish a designated general population area (maximum capacity is 10 beds) where Group II and Group III inmates can be maintained whose maximum time to serve after completion of processing is 180 days. These inmates will be programmed, fed, and recreated with the regular population. Those inmates in Group II or Group III or those in Group IV with a medical override and with a classification **score** level which requires a single or double level override in order to be placed in the general population for 180 days or less will be authorized for override by a classification Staff Representative with administrative determinant code PRerelease. Inmates with more than 180 days to serve will be endorsed to other appropriate housing.

**HIV-Infected Civil Addict Housing:** Housing for identified HIV-infected civil addicts will be provided. These civil addicts must be in Groups II or III of the HIV disease. As civil addicts progress to Group IV of the HIV disease, they will be excluded from the civil addict program and transferred for appropriate treatment unless medical staff deem otherwise and medically override the case. Currently, these housing units function as designated General population units at the California Rehabilitation Center (CRC).

**Closed Units.** Closed housing is for the separation and control of HIV-infected inmates who are exhibiting high-risk behavior (defined below) and thereby posing a health risk to inmates and staff. As the term implies, the unit will be closed to interaction with general population inmates.



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Inmates assigned to the closed units will be programmed, fed, recreated, and housed separately from general population inmates. They will not be permitted to leave the area designated as the closed unit unless under escort. Exception to this separation, such as attendance at religious services, will be signed by the Warden with a copy submitted to the Deputy Director, Institutions Division. Currently, CMF, CIW, and CIM provide closed housing for HIV-infected inmates.

The following behavior determines high-risk criteria for transmitting HIV. A documented history of engaging in this behavior while in custody (not just CDC) will normally exclude inmates from placement in designated general population housing. The following elements should be considered when determining housing placement of HIV-infected inmates.

- In-custody fighting or assaultive behavior within the last 12 months.
- In-custody behavior which includes rule violation reports for sexual misconduct within the last 12 months.
- In-custody intravenous drug use and/or possession of paraphernalia within the last 12 months.
- In-custody pattern of being victimized or demonstrating an inability to function in the general population within the last 12 months. This is an element of an inmate's behavior that must be carefully reviewed prior to placement outside of a closed housing unit for HIV-infected inmates.
- In-custody behavior resulting in evidence of recent, newly applied tattoos or possession of tattoo paraphernalia within the last 12 months.

**Administrative Segregation Ad Seg) /Security Housing Unit (SHU):** Highly secured housing will be established within appropriate facilities to house HIV-infected inmates requiring that level of housing. California State Prison at Corcoran (COR) and the Central California Women's Facility (CCWF) provide SHU housing for Group II and Group III HIV-infected inmates. Group IV inmates whose behavior would normally generate a SHU term will be transferred to appropriate institutions providing closed housing units at CMF, CIM, or CIW. Upon arrival, these inmates will be placed in Ad Seg pending ICC review for appropriate housing (e.g., continue Ad Seg or place in closed unit). Group IV inmates will not be housed in SHU units due to their evolving medical needs. Condemned inmates identified as Group IV at San Quentin will and approval o~ Section 62050.6.



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Each institution may retain an inmate in Groups II or III in Ad Seg pending resolution of the security issue unless medical staff deem otherwise for medical reasons. With medical staff approval, inmates in Group IV of the HIV disease can be housed in Ad Seg pending resolution of the described concern. Otherwise, they will be transferred to institutions providing closed housing units.

**TRANSFER PRIORITY**

Group IV inmates or those with T-cell counts of 200 or less will be given first priority status for transfer to the facility designated to care for these inmates. Group III inmates will be given second priority for acceptance into an appropriate facility. Group II inmates will be given last priority for transfer to a designated HIV bed. Priority within each group will be based upon length of time pending transfer. The official transfer list will be maintained by OHCS. The Chief Medical Officer (CMO) will call the designated person in OHCS as soon as an inmate needing transfer is identified. The CMO will provide the inmate's name, CDC number HIV disease group, and current T-cell count.

The staff at the receiving institution will notify the CMO when HIV-infected inmates arrive at the facility. The CMO will, in turn, notify QHCS that the transfer list can be undated. Medical emergency transfers will be agreed upon by sending and receiving CMOs per procedure.

Updates on an inmate's group designation will be completed by medical staff every three months for Groups II and III inmates, or more or less often as deemed necessary by medical staff for each particular inmate on a case-by-case basis. Group IV inmates will be evaluated as determined by the medical staff on a case-by-case basis.

Institution staff should begin immediately to review all HIV-infected inmates for placement in appropriate housing. Case factor reviews should be accomplished in cooperation with the classification and medical staff.



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Please inform all persons concerned of the contents of this bulletin which shall remain in effect until incorporated into the appropriate section of the Department Operations Manual. Please direct any inquiries regarding this bulletin to Nadim Khoury, M.D., Assistant Deputy Director, Office of Health Services, at (916) 324-0876 or ATSS 454-0876, or Diana K. Butler, Chief, Classification Services Unit, at (916) 322-2544 or ATSS 492-2544.

JAMES H. GOMEZ  
Director of Corrections

Attachments